GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:854
ANSWERED ON:06.03.2002
CHILD MORTALITY RATE
BHUPENDRASINH PRABHATSINH SOLANKI;JAYASHREE BANERJEE;THAAWAR CHAND GEHLOT

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of child mortality in the country upto the age of 5 years, during the years 2000 and 2001, State-wise;

(b) the reasons for high mortality rate amongst children of this age group;

(c) the steps taken by the Government and the World Health Organisation during the period to check the same;

(d) whether malnutrition and poverty is the main cause behind the death of most of the children; and

(e) if so, the steps taken by the Government to reduce the child mortality rate in the country?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA)

(a) As per Sample Registration System, a statement giving ChildMortality Rate for 1997 and 1998, the latest period for which the information is available, is enclosed (Annexure).

(b) The reasons for high mortality include acute respiratory infections, Diarrhoeal diseases and vaccine preventable diseases. High prevalence of low birth weight babies, malnutrition, low female literacy, low age at marriage of girls, short birth intervals, status of women, poverty and negligence towards health etc. are other factors causing early death of children.

(c) & (e) Under the Reproductive and Child Health Programme, whichis under implementation in all States, immunization against six vaccine preventable diseases, facilities for appropriate management of acute respiratory infections. Oral Rehydration Therapy (ORT) for management of diarrhoeal diseases and essential new born care services are provided. Promotion of exclusive breastfeeding and appropriate complementary feeding practices, and prophylaxis against Vitamin - A and iron deficiencies are also provided to improve the nutritional status of children. Various Schemes have been launched in weaker districts to improve the access of people to Reproductive and Child Health (RCH) services. Theseinclude RCH Outreach Scheme;RCH Camps, Dai Training Programmeand Border District Cluster Strategy Project and operationalisation of neo-natal care facilities at district and sub-district level.

WHOprovides technical support for immunization activities including Polio eradication and integrated management of child hood illness including acute respiratory infection, diarrhoeal diseases, measles etc.

(d) No, Sir. This is one of other causes for the child mortality.

Annexure

CHILD MORTALITY RATES AGED (0-4) YEARS

S. No	States	1997	1998
1.	Andhra Pradesh	16.8	18.1
2.	Assam	26.9	27.5
3.	Bihar	25.9	22.9
4.	Gujarat	20.8	19.6

5. Haryana	22.2	22.4
6. Himachal Pradesh	15.8	16.7
7 Karnataka	16.4	16.7
8. Kerala	3.2	3.6
9. Madhya Pradesh	32.3	32.6
10. Maharashtra	12.2	12.7
11. Orissa	28.1	29.0
12. Punjab	14.9	16.8
13. Rajasthan	29.5	27.7
14. Tamil Nadu	13.4	13.0
15. Uttar Pradesh	31.1	29.6
16. West Bengal	16.8	15.0
All India	23.1	22.5

Source : Sample Registration System, Registrar Genl. India